

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE
2008 OCT 16 AM 8:43

COMMITTEE NAME (Must be same as on Statement of Organization)
TO ELECT DEAN SCHMIDT FOR SUPERVISOR
DOCKIA SCHMIDT TARKENT

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidates (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:
Candidate Name DEAN SCHMIDT Political Party (if applicable) DEMOCRAT
Office Sought SUPERVISOR District (if Senate or House)

FORM DR-2
(Rev. 07/2007)

DISCLOSURE REPORT

For Office Use Only
Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Dean Schmidt
SIGNATURE OF PERSON FILING REPORT

712 443 8344
TELEPHONE

OCT 14 2008
DATE SIGNED

I AM FILING A OCT 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ 144³²

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) \$ 525⁰⁰

Schedule F: Loans Received total (Attach Schedule F) \$ 800⁰⁰

Schedule H: Total Sales of Campaign Property (Attach Schedule H) _____

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ _____

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) \$ 979⁰⁹

Schedule F: Loan Repayments total (Attach Schedule F) _____

CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 490²³

**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 3200

CONSULTANT BREAKDOWN (Schedule G Attached?) YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ _____

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS — MONEY TAKEN IN

(including candidate's personal funds)

Reset Form

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME (Must be same as on Statement of Organization)**
TO ELECT DEAN SCHMIDT FOR SALE AYESA

DEAN M SCHMIDT TAEASWAIS

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
SEPT 11 2008	ID# CK#	CHEROKEE COUNTY DEMOCRATIC ORGANIZATION		\$ 200 ⁰⁰	<input checked="" type="checkbox"/>
OCT 8 2008	ID# CK#	GARY LUNDQUIST 5446 H AVE CLECHUAN IOWA		25 ⁰⁰	<input checked="" type="checkbox"/>
OCT 9 2008	ID# CK#	SELF LOAN	ON Self F	500⁰⁰	<input type="checkbox"/>
OCT 11 2008	ID# 200454850 CK# 3031	LSCP PAC 4808 F AVE MARION IOWA 51035		300 ⁰⁰	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

TOTAL (if last page of this schedule)

\$ 1325

\$ 1325

\$/B 525.00

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
TELEET DEAN SCHMIDT FOR SUPERVISOR
DONNIA SCHMIDT TREASURER

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
AUG 8 2008	ID# CK# 514	WALL MART LEMAIS Iowa	CANDY FOR PARADE	\$ 30 ⁹⁴
OCT 2 2008	ID# CK# 515	CREATIVE SERVICES 221 MAIN ST CHARLES Iowa	YARD SIGNS	64 ²⁰
OCT 8 2008	ID# CK# 516	WAYNE PAINTING 311 MAIN ST CHARLES Iowa	PICTURES	14 ¹³
OCT 9 2008	ID# CK# 517	CHRONICLE TIMES 113 2ND STS CHARLES Iowa	AD	233 ¹⁰
OCT 9 2008	ID# CK# 518	KCHE RADIO 201 5 ST CHARLES Iowa	AD	336 ⁰⁰
OCT 9 2008	ID# CK# 519	AURELIA STAR 235 MAIN ST AURELIA Iowa	AD	57 ⁰⁰
OCT 10 2008	ID# CK# 520	MARGUS NEWS 401 N MAIN ST MARGUS Iowa	AD	72 ⁰⁰
OCT 13 2008	ID# CK# 521	IOWA FARM BUREAU SPEKESMAN PO BOX 670 IOWA FALLS Iowa	AD	171 ⁷²
SUB-TOTAL				\$ 979 ⁰⁹
TOTAL (if last page of this schedule)				\$ 979 ⁰⁹

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detailed itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)
 TO ELECT DEAN SCHMIDT FOR SUPERVISOR
 DEAN SCHMIDT TABERNASH

SCHEDULE F (Rev. 02/08)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ S/B 2400.⁰⁰**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (if Applicable)	AMOUNT OF LOAN
OCT 9 2008	DEAN SCHMIDT	CANDIDATE	\$ 800. ⁰⁰

TOTAL (PART I)

\$ 800.⁰⁰**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (if Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ _____

From Schedule E -- TOTAL LOANS FORGIVEN

\$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 3200.⁰⁰

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 (for Schedule F)